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Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6384

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

CORPORATION REINSTATEMENT

ENGINEERED SPECIALTY PRODUCTS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$2,400.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G44490

1. Corporation Name
Engineered Specialty Products, Inc.

REINSTATEMENT 99-10
CR2E081 (6/10)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
100 W. Sycamore Road		100 W. Sycamore Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Arvin, California		City & State Arvin, California	
Zip 93203	Country USA	Zip 93203	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 6/21/1983

5. FEI Number
59-2313237
☐ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 S. Pine Island Road

Suite, Apt. #, Etc.

City	State	Zip Code
Plantation	FL	33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent Katherine Lackey Katherine Lackey Asst. Sec. Date 11-3-10
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	R. Craig Collister	272 East Deerpath Road, Suite 350	Lake Forest, IL 60045
Treas.	R. Craig Collister	272 East Deerpath Road, Suite 350	Lake Forest, IL 60045
Sec.	Adam Hentze	272 East Deerpath Road, Suite 350	Lake Forest, IL 60045
Asst Sec	Steven L. Rist	4520 Main Street, Suite 1100	Kansas City, MO 64111

10. E-mail Address: susan.barker@dentons.com
(To be used for future annual report notification)

11. I certify that I am an officer or director of the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: _____ Steven L. Rist, Assist. Sec. 10/27/2010 816-460-2400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FL010 - 05/03/2010 C T System Online